



**BOAH Application for Indiana  
Aquaculture Pre-Entry Permit**

State Form Number



Indiana State Board of Animal Health

805 Beachway Drive, Ste. 50

Indianapolis, IN 46224-7785

Phone: 317/227-0300; Fax: 317/227-0330

Email: animalhealth@boah.in.gov

**INSTRUCTIONS:** Submit completed application and all supporting documentation (Fish Health Inspection Report and certification letter from competent authority for aquatic animal health for place of origin) to the Indiana State Board of Animal Health (BOAH). **All requirements must be met in order for the application to be processed.** The application should be submitted to BOAH as far in advance of the anticipated movement as possible, but at least 14 days prior to the movement. **PLEASE PRINT LEGIBLY.**

**Movement cannot occur until the pre-entry permit is issued by BOAH.**

**Facility of Origin Information**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address of owner of facility of origin: \_\_\_\_\_

Location of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Fish Health inspector: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Owner/ Destination Information**

*Space for four destinations are included on this form, if additional intended destinations for this fish shipment, include this information on an additional sheet of paper.*

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Owner/ Destination Information #2 (if applicable)**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Owner/ Destination Information #3 (if applicable)**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Owner/ Destination Information #4 (if applicable)**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Hauler Information**

Name of hauler: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Hauler DNR Permit number \_\_\_\_\_

**Shipment Information**

Pre-entry permit requested for (indicate quantity):

- ☐ Live Animal(s) \_\_\_\_\_ ☐ Gametes \_\_\_\_\_  
☐ Direct-to-Slaughter \_\_\_\_\_ ☐ Research \_\_\_\_\_  
☐ Other \_\_\_\_\_

Species in proposed movement: \_\_\_\_\_  
\_\_\_\_\_

Anticipated date of movement: \_\_\_\_\_

**Applicant Agreement**

This application was completed by: \_\_\_\_\_ of \_\_\_\_\_  
(Printed name) (Affiliation)  
on \_\_\_\_\_  
(Date)

**I affirm that all information on this application is true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY****Certifying Documentation Information**

Fish Health Inspection Report Date/Number: \_\_\_\_\_  
Veterinarian's name: \_\_\_\_\_  
Competent Aquatic Animal Health Authority: \_\_\_\_\_  
Date Certifying Letter issued: \_\_\_\_\_  
VS 1-27 Number: \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OR**

**DENIED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_